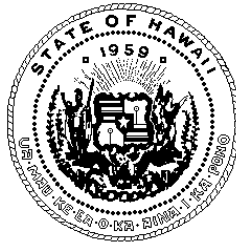




Information and Communication Services Division  
**REQUEST TO RESERVE THE VIDEO  
CONFERCING CENTERS**



For Official Use Only	
Confirmation Date	Confirmation Number
Confirmed By	

Requested Reservations are for video conference meetings scheduled during the regular work week, between the hours of 8am and 4pm.

- Complete blocks 1 thru 14 (15 -17 if canceling). Please type or print legibly.
- Signed requests must be received by the ICSD Assistance Center within 48 hours after making telephone reservations in order to receive conference confirmation. Please FAX signed form to 586-1882, **ATTN: Assistance Center**
- If you have any questions on the filling out of the form refer to the instruction page on back of form.

1. Date Submitted (MM/DD/YYYY)		2. Video Conference Date (MM/DD/YYYY)		3. Time of Video Conference (use AM or PM)	
				FROM: TO:	
4. Person Requesting Reservation			5. Email Address of Requestor		
6. Department, Division, Branch			7. Telephone Number / Extension		8. FAX Number
9. Brief Description of Video Conference					
10. Site / Site Contact Information					
<b>SITES</b>	<input type="checkbox"/> Oahu – Kakuhihewa Bldg. (Kapolei)			SITE CONTACT	
	<input type="checkbox"/> Oahu – Kalanimoku Bldg. (Punchbowl & Beretania)				
	<input type="checkbox"/> Oahu – Kapuaiwa Bldg. (Punchbowl & Queen)				
	<input type="checkbox"/> Oahu – Keoni Ana Bldg. (Beretania & Alakea)				
	<input type="checkbox"/> Big Island, Hilo – State Office Bldg.				
	<input type="checkbox"/> Kauai, Lihue – State Office Bldg.				
	<input type="checkbox"/> Maui, Wailuku – Judiciary Bldg.				
	• Enter External site info. If the external site requires a physical dial out connection to a site outside of ICSD's VCCs then you will be assessed a fee. In block 11 Special Instructions, write the words "ISDN DIAL OUT" followed by the ISDN phone number to include area code.				
	• Fill out and submit form C-196-A (VCC Dial Out Billing Agreement)				
	SITE			SITE CONTACT	
<input type="checkbox"/> External 1					
<input type="checkbox"/> External 2					
<input type="checkbox"/> External 3					
11. Special Instructions					
12. Supervisor's Name (Print Name)			13. Supervisor Authorizing Signature		14. Date
ITEMS 15 – 17 IF CANCELING VCC RESERVATION, THEN RESUBMIT		15. Date Canceled	16. Canceled by (Print name)		17. Canceled by (Signature)
FOR ASSISTANCE CENTER USE ONLY					
CONFIRM CONFERENCE CANCELLATION		18. Confirmed Cancel Date		19. Confirmed by (Initial)	

# Instructions to Complete ICSD Form C-196

## Requestor fills out

1. **DATE SUBMITTED (MM/DD/YY)** – The date the request form is submitted to ICSD.
2. **VIDEO CONFERENCE DATE (MM/DD/YY)** – The date the video conference is to be held.
3. **TIME OF VIDEO CONFERENCE** – The time the video conference will begin and end. Use AM or PM. VCC business hours are 8am - 4pm M-F non-holidays. Special arrangements must be made for use during non-business hours.
4. **PERSON REQUESTING RESERVATION** – The name of the person reserving the video conference center(s). This person does not have to be a participant in the conference. However, this person will be the overall point of contact should something arise and a conference need to be rescheduled or cancelled.
5. **EMAIL ADDRESS OF REQUESTOR** – requestor's email address will be used as an additional method for contact.
6. **DEPARTMENT, DIVISION, BRANCH** – The requestor's department, division, and branch.
7. **TELEPHONE NUMBER AND EXTENSION** – The requestor's telephone number and extension.
8. **FAX NUMBER** – The fax number of the requestor.
9. **BRIEF DESCRIPTION OF VIDEO CONFERENCE** – Write a **brief description** on the purpose of the video conference. If more space is needed use block 11 Special instructions.
10. **SITE / SITE CONTACT INFO** – Place an "H" in the box of the site that will be the Host site. Check the boxes of all other site(s) which will be used in the video conference. Next to each selected site name, under site contact, list the name of the person who will be the site contact. This person is required to be physically present at the site on conference day. Should the Assistance Center need to contact a site during a conference, then the Site Contact will be asked for by name.

**EXTERNAL SITE(S)** – VCCs outside of the ICSD's VCC network are considered External. List the location of the site(s) and check the boxes labeled External 1 – 3. Include the name of the

person who will be presiding over the designated site used in the video conference, and the VCC phone number.

**NOTE:** *A fee will be assessed to the user if ICSD has to dial out to connect to the External Site. User enters "ISDN DIAL OUT" followed by the ISDN area code and phone number in block 11. Additionally user must complete form C-196-A and submit form. If form C-196-A is not submitted with form C-196 then the external connection will not be made.*

Location	Seating Capacity
Kakuhihewa Bldg.	24
Kalanimoku Bldg.	12 - 15
Kapuaiwa Bldg.	24
Keoni Ana Bldg.	43
Hilo State Office Bldg.	12 - 15
Wailuku Judiciary Bldg.	12 - 15
Lihue State Office Bldg.	12 - 15

11. **SPECIAL INSTRUCTIONS** – Write a brief description on any special needs you may have for the conference, understanding that not all requests can be fulfilled due to limited resources. Example, extra chairs, white projector screen, etc.)
12. **SUPERVISOR'S NAME** – Print name of requestor's supervisor.
13. **SUPERVISOR'S SIGNATURE** – Requestor's supervisor's signature approves and acknowledges scheduling of conference for government business.
14. **DATE AUTHORIZED** – Date signed by supervisor.

## For Requestor to fill out and resubmit if canceling a conference

15. **DATE CANCELED** – Date submitting cancellation notice.
16. **CANCELED BY** – Printed name of the person canceling the conference.
17. **CANCELED BY SIGNATURE** – Signature of the person canceling the conference.